

Colleyville Police Department

Citizens' Police Academy Application

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Primary Phone: _____ Work Phone: _____
(include area code) (include area code)

Primary e-mail address: _____

Employer: _____ Occupation: _____

Work Address: _____
Street City State Zip Code

Driver License Number: _____ Social Security Number: _____

Date of Birth: _____ Race: _____ Gender: _____

How did you hear about the Citizens' Police Academy?

Organizations you are involved in:

Have you ever been arrested for, or convicted of, any crime? Yes No

If yes, please explain:

"I hereby certify there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers. I understand any omission or false statement on this application shall be sufficient cause for rejection for enrollment into, or dismissal from, the Colleyville Citizens' Police Academy. I further understand the Colleyville Police Department will be conducting a thorough background investigation that may include, but is not limited to, criminal history, employment history and personal references."

Applicant's signature

Date: _____

Return completed applications to:
Colleyville Police Department
5201 Riverwalk Dr., Colleyville, Tx 76034
-OR-
E-mail a scanned copy to: jprater@colleyville.com

--For CPA staff only--

Received by: _____

Date: _____